ARMY NURSE CORPS NEWSLETTER

"Ready, Caring, and Proud"

Volume 01 Issue 11 *August 2001*

Message from the Chief

I hope this month's message finds you all well and having an opportunity to enjoy time this summer with family and friends. Over the past few months, we have been extremely active at pursuing initiatives to ease civilian personnel nursing shortages. The current government civilian (GS) nursing shortage greatly impacts the delivery of care in our medical treatment facilities, frequently causing a reduction in operational hospital beds and the subsequent sending of patients to more expensive treatment options "downtown." In addition, it often places an increased demand on our assigned military and civilian nursing staff. Our current fiscal year required strength for civilian registered nurses is 2920. As of 30 June 2001, our onboard civilian strength is 2386; approximately 500 short of our requirements.

Recruiting and maintaining an adequate civilian nursing workforce to assist us in performing our health care mission is essential. Our current civilian hiring system is directed by Title 5 United States Code. Title 5 has a number of impediments to attracting and retaining a strong civilian nursing workforce. It has inherent constraints regarding hiring, classifying and compensation. We have been actively seeking Title 38 authorities that would allow us relief from many of these constraints. Title 38 authority is currently granted to the Secretary of Defense, so we are asking that he pass that authority down to the Services. If we are successful in this endeavor, we will have authority to establish the criteria for pay grades, to establish the qualifications for entry and promotion and the additional authority to establish special pay rates. All of these authorities should greatly enhance our ability to hire qualified civilian nurses to our AMEDD health care team.

In addition, we are pursuing "instant hire" authority that would enable us to hire new civilian nurses in a matter of a few days as opposed to the nearly 100 day average we currently labor with. This authority is outside of the Department of Defense and therefore may require more coordinating effort than our Title 38 initiative.

Another issue we are giving considerable effort and consideration to is the establishment of one central, dedicated CPOC (Civilian Personnel Operatives Center) to process all medical civilian hiring actions. We feel this model will provide consistency and increase efficiencies and accuracy in processing applicants for hire into our GS system.

At the same time that we are pursuing these various civilian personnel initiatives, we are also working on initiatives that we feel will enhance the recruitment and retention efforts for our military nursing personnel. We are currently attempting to work legislation that would increase the accession bonus, provide critical skills retention bonuses and increases in advanced nursing practice professional pay. We will continue to work these issues hard in an attempt to provide the best opportunities for all our professional nursing personnel.

Enjoy the rest of your summer and thanks to each and every one of you for the outstanding professional nursing care you provide to our soldiers, their families and our retirees day in and day out.

Army Nurses are Ready, Caring, Proud

William T. Bester
Brigadier General, AN
Chief, Army Nurse Corps

Office of the Chief, Army Nurse Corps

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LTC Ellen Forster
CPT (P) Laura Feider
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AN Web Site:
www.armymedicine.army.mil/otsg/nurse/index.htm

ANC Branch PERSCOM:
www.perscom.army.mil/ophsdan/default.htm

Article Submissions for the ANC Newsletter

The ANC Newsletter is published monthly to convey information and items of interest to all nurse corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail to CPT Feider. The deadline for all submissions is the last week of the month prior to the month you want the item published. We reserve the right to edit and review any item submitted for publication. All officers are eligible to submit items for publication.

PERSCOM

AN BRANCH PERSONNEL E-MAIL ADDRESSES

Please note that our e-mail addresses are still not linked up to the MEDCOM e-mail address list. We are getting numerous calls from the field about "undeliverable" messages when they try to send us e-mail messages. Our e-mail addresses are as follows:

COL Feeney-Jones:	feeneys@hoffman.army.mil	MAJ Lang:	langg@hoffman.army.mil
LTC Haga-Hogston:	hagas@hoffman.army.mil	CPT Gahol:	gaholp@hoffman.army.mil
LTC Newman:	newmanj@hoffman.army.mil	Mr. Baker:	bakerj1@hoffman.army.mil
LTC Hough:	houghc@hoffman.army.mil	Ms. Bolton:	boltonv@hoffman.army.mil
LTC Ross:	rossa@hoffman.army.mil	Ms. Walton:	waltonj@hoffman.army.mil
MAJ Krapohl:	krapohlg@hoffman.army.mil		

A FEW ADMINISTRATIVE REQUESTS

To all officers who are considering leaving active duty, please call your PMO at AN Branch to discuss your plans. We may have a position for you that you might want to reconsider! Before you to choose to exit the service, we recommend you order a copy of your service microfiche and your ORB. These two items (microfiche and ORB) may prove invaluable if you decide to enter the reserves or possibly return to active duty. These documents could be essential to documenting all of your service time. Additionally, if you leave a forwarding address with us at AN Branch, we will mail your CMIF (hard copy of your record) to you.

When mailing or faxing items to AN Branch, please attach a cover sheet, which states who the fax should go to (if you know) and what you expect us to do with the document (ex. To CPT Gahol, Please add award document to my record going before the Colonels Board). This will help us ensure that we take appropriate action. It is not unusual for us to have multiple boards going on at the same time and when we do not have this information, it can take a great deal of time to determine if the officer is going before a board or just wants his/her microfiche updated. Recently an award certificate stated it was given to a major, so it was filed with the CGSC board documents, when the officer really was a lieutenant colonel going before the colonel's board.

DO WE HAVE A DEAL FOR YOU

The Korea mission remains a yearly opportunity for officers of all ranks to experience the TOE and TDA health care environment plus fulfill a one-year overseas tour. Branch will be looking for officers for the FY02 assignment cycle. Be proactive and reserve an assignment in the "Land of the Morning Calm". Contact your career manager and find out what is available within your specialty area of nursing.

Upcoming FY 01 and FY 02 Boards

18-20 Sept 01	Chief Nurse Nomination Board
02-12 Oct 01	MAJ AMEDD
27 Nov-07 Dec 01	LTC AMEDD Command
05-14 Dec 01	COL AMEDD Command
12-22 Feb 02	LTC AMEDD
05-15 Mar 02	CPT AMEDD & VI
14-21 May 02	MG/BG AMEDD
04-21 Jun 02	Senior Service College
09-19 Jul 02	COL AMEDD & RA Selection
09-26 Jul 02	Command & General Staff College

See PERSCOM Online (www.perscom.army.mil) for MILPER messages and more board information.

FY01 AMEDD Major Promotion Board (MILPER Message # 01-197)

Convene and Recess Dates: 02 –12 October 2001
Zones of Consideration:

CPT DOR:	Above the Zone:	01 Oct 95 and Earlier
	Primary Zone:	02 Oct 95 thru 01 Dec 96
	Below the Zone:	02 Dec 96 thru 01 Oct 97

OERs due to OER Branch, PERSCOM: NLT 25 Sep 2001
Required "Thru Date" for Promotion Reports (Code 11) is 27 Jul 2001
Required "Thru Date" for Code 21 Complete the Record OERs: 27 Jul 2001 (BZ eligible officers are not eligible for "Complete the Record" OER)
Letters to the President of the Board: due NLT 02 Oct 2001
Request for microfiche: e-mail: offrcds@hoffman.army.mil or fax: DSN 221-5204 / 703-325-5204.

Send DA Photos and signed Board ORB to CPT Gahol NLT 10 Sep 2001
POC is CPT Bob Gahol, AN Branch, PERSCOM, DSN 221-8124 / 703-325-8124 or gaholp@hoffman.army.mil

Details of the Board MILPER Messages are now available online. To access the messages, go to PERSCOM online (www.perscom.army.mil), double click "Hot Topics", then select MILPER Messages.

Army Nurse Corps Branch Web Page

The direct address for our web page is: www.perscom.army.mil/ophsdan/default.htm. Please visit our site to learn more about AN Branch, and matters pertaining to your military career.

Transcript Updates

Officers should have the college or university forward transcripts directly to the AN Branch:

COMMANDER, PERSCOM
TAPC-OPH-AN, ROOM 9N47 (MAJ Lang)
200 STOVALL STREET
ALEXANDRIA, VA 22332-0417

LTHET TUITION CAP ESTABLISHED FOR 2002 SCHOOL STARTS

Officers selected for long-term civilian training by the FY 2002 LTHET Board begin school under a newly established semester/quarter tuition cap:

Per semester	$3,000
Per quarter	$2,250

Officers pay any tuition or associated costs in excess of the tuition cap.

Short Courses

Register for the following courses through the MTF / TOE Chief Nurse (CN) or Hospital Education Office and forward to Branch (ATTN: MAJ Gary Lang).

6A-C4 **Combat Casualty Course** (C4) (FSH, TX)
13 – 21 September 2001 (waiting list)
11 – 19 October 2001
1 – 9 November 2001
29 November – 7 December 2001
17 – 25 January 2002
31 January – 8 February 2002
21 February – 1 March 2002
21 – 29 March 2002
4 – 12 April 2002
9 – 17 May 2002
30 May – 7 June 2002
5 – 13 September 2002
19 – 27 September 2002

6A-C4A **Joint Operations Medical Managers Course (C4)** (FSH, TX)
26 October – 2 November 2001

6H-F26 ****Medical Management of Chemical and Biological Casualties Course (Aberdeen Proving Ground & Ft Detrick, MD)**
15 – 21 September 2001
20 – 26 October 2001
9 – 15 March 2002
4 – 10 May 2002
7 – 13 September 2002

DNWS-R004 ****Emergency Hazards Response Course (Radiological Hazards Training Course)** (Kirkland AFB, NM)

Report Date	Start Date	End Date	Seats per class
16 Sep 01	17 Sep 01	21 Sep 01	7
19 Aug 02	19 Aug 02	23 Aug 02	11

**A DA 3838 is necessary to request this course and must be submitted NLT 45 days before class start date. Please list your fax number in section 24 (Local Approving Authority) of the DA 3838. Applicants are required to have a "Secret" security clearance to attend the course. POC is MAJ Gary Lang at DSN 221-3693.

FY 2002 White House Fellowship **Applications Deadline 7 September 2001**

The purpose of the White House Fellowship is to provide gifted and highly motivated young Americans first hand experience in the process of governing the nation and a sense of personal involvement in the leadership of society. The President's Commission on White House Fellows selects exceptionally promising individuals from all sectors of American life to serve as White House Fellows. Fellows write speeches, help review and draft proposed legislation, answer congressional inquiries, chair meetings, conduct briefings, and otherwise assist high-level government officials. Fellows are assigned to work with senior White House officials, cabinet secretaries, or other deputies. In the past, fellows have worked for the Vice-President, The White House Chief of Staff, and the National Security Council.

The White House Fellowship is a highly competitive process. AMEDD officers must meet the following criteria: have received permission to compete from their Personnel Management Officer (PMO) at AN Branch; US citizen; less than 5 years and not more than 17 years active federal commissioned service (AFCS) at the beginning of the fellowship in September 2002; not competing for any other Army sponsored program, fellowship or scholarship; be able to complete a full fellowship and 2 year follow-on assignment; have no adverse actions pending, meet Army height/weight and PT requirements; be PCS vulnerable; have completed the Officer Advanced Course; have a graduate degree; not completing a utilization tour for civilian education (if the officer is completing a utilization tour must complete prior to the start of the fellowship). Officers must have an outstanding record of performance.

Application Packet: (DUE IN AN BRANCH NLT **7 September 2001**

1. Completed DA 4187 (Personnel Action) through the local chain of command to AN Branch, PERSCOM. The form must include endorsement by the officer's chain of command. Verification of height/weight/APFT MUST be addressed in a separate memo signed by the officer's Commander. Mail application to: CDR, PERSCOM, ATTN: TAPC-OPH-AN (room 9N47) ATTN: MAJ Grimes, 200 Stovall ST., Alexandria, VA 22332-0417
2. Current curriculum vitae (CV)
3. Letter of recommendation from chief nurse
4. Signed ORB (obtain from your local PAC, review, then forward with your packet)
5. Current digital photo and college transcripts on file at AN Branch

Contact MAJ Gary Lang at (703) 325-2397 / 3693 or email langg@hoffman.army.mil for assistance regarding fellowships.

FY 2002 CONGRESSIONAL FELLOWSHIP **Applications Deadline 7 September 2001**

The U.S. Army Congressional Fellowship program is designed to provide congressional training to top Army officers beginning August 2002 through December 2003. Fellows typically serve as staff assistants to members of Congress and are given responsibilities for drafting legislation, arranging congressional hearings, writing speeches and floor statements, and briefing members for committee deliberations and floor debate.

Eligibility: Request and receive permission to compete from officer's Personnel Management Officer (PMO); have accrued active federal commissioned service of not more than 17 years as of 1 January 2002; not be competing for any other Army sponsored program, fellowship or scholarship while competing for the fellowship; have no adverse actions pending; must not be serving in or owe a utilization assignment; meet army height/weight/APFT requirements; have potential for future military service; meet the two-year time on station requirement at the start of the fellowship; be a CSC graduate (resident/non-resident); hold the rank of MAJ or LTC. MAJ Gary Lang is the POC for this fellowship

Application Packet: (DUE TO AN BRANCH NLT **7 SEPTEMBER 2001**)

1. Competed DA Form 4187 (Personnel Action). The form must include endorsement by the officer's command and the officer's height/weight/APFT verified by the command annotated in the remarks section. Mail application to CDR, PERSCOM, ATTN: TAPC-OPH-AN, Room 9N47 (MAJ Grimes), 200 Stovall Street, Alexandria VA 22332-0417
2. Current curriculum vitae (CV)
3. Letter of recommendation from chief nurse
4. Signed ORB (obtain from your local PAC, review, sign and forward with your packet)
5. Current digital photo and official college transcript on file at AN Branch.

FY 2002 TRAINING WITH INDUSTRY (TWI) **Applications due: 1 November 2001 (revised date)**

Officers that participate in the Training With Industry Fellowship receive firsthand private sector at either one of two sites: Healthcare Finance Administration (HCFA), Baltimore MD or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Chicago, IL. Selected officers begin their one year fellowship in the summer of 2002 followed by a utilization tour that is coordinated between the officer and AN Branch.

Eligibility: The TWI Fellowship is highly competitive. ANC officers must meet the following criteria: Master's degree; completion of CGSC; at least eight years but not more than 17 years active federal service (AFS); two years time on station at the start of the program or completion of an overseas tour; not competing for any other Army sponsored program, fellowship, or scholarship; be able to complete a full utilization tour following the fellowship; no adverse action pending; meet the Army's height/weight/PT requirements; be PCS vulnerable; and the rank of MAJ or LTC. Officers must have an outstanding performance record. Contact MAJ Gary Lang for additional information regarding TWI or any other fellowship of interest.

Preparation for TDY Courses

Just a friendly reminder, it is the responsibility of each unit to ensure that all officers going TDY are able to meet the Army's height/weight and APFT standards. For any course that generates an AER, officers must be able to pass these standards to be able to pass the course.

Officer Advanced Course

Officers need to have completed OAC before the Major's board. CPT Gahol at AN Branch schedules officers for Phase II of OAC once the officer has completed Phase I. Below is the list of OAC class dates for FY 01&02. **Please note the date change in OAC Phase II.** Seats are limited so please plan accordingly.

Class #	Report Date	Start Date	End Date
041	29 Sep 01	30 Sep 01	06 Dec 01
012	06 Jan 02	07 Jan 02	15 Mar 02
022	24 Mar 02	25 Mar 02	31 May 02
032	07 Jul 02	08 Jul 02	13 Sep 02
042	22 Sep 02	23 Sep 02	05 Dec 02

Send a copy of DA3838 and OAC Phase 1 Certificate of Completion to CPT Gahol at AN Branch (fax is OK). The chief nurse or designee must sign DA 3838. Officer must not be on temporary profile, have met HT/WT standards and have passed the most recent APFT before attending Phase II. In addition, include the name, e-mail address and telephone number of the MTF's OAC coordinator. The OAC letter will be sent through your facility's OAC coordinator.

OAC Phase II Enrollment Cancellations

Officers wishing to cancel their enrollment from OAC Phase II must submit a letter thru their chief nurses or education coordinators NLT 2 weeks before the course starts. Send the letter to CPT Gahol. Please note that officers that cancel without adequate notice will be considered as "no shows".

CGSC and CAS3 through the Reserves

Taking **CGSC** and **CAS3** through the **Reserves** has become very popular and classes do fill quickly at the more popular locations and times. Please plan early--send your completed 3838s, signed by your respective chain of command, and fax to **LTC Jane Newman** at **DSN 221-2392**, com. **703-325-2392 (newmanj@hoffman.army.mil)**. Respective POCs for specific ATRRS and class related questions are:

CGSC by Reserves—Ms Jennifer West **DSN 221-3159**
CAS3 by Reserves—Ms Jennifer West **DSN 221-3159**

If you are currently enrolled in another services CGSC or are contemplating signing up for another services CGSC, please contact your PMO to discuss your plan.

CAS 3 and CGSC Information on Line

Information for the Reserve Component (RC) CAS3 can be found on line. The web address is WWW-CGSC.army.mil. The information pertains to AD officers attending Reserve Component CAS 3. Points of contact (POC) for specific reserve component regions are listed. Please do not attempt to register on-line. Registration for CAS 3 and CGSC must be processed through your respective local training chain of command. LTC Newman is the AN Branch POC. Ms Jennifer West (DSN 221-3161) is an additional POC for specific questions.

Generic Course Guarantee

The Generic Course Guarantee program continues to be a great success and thanks to all of the folks who assist officers in identifying and specifying a desired course. Specification of a course must take place within a year of the officer coming on active duty. Officers, who enter active duty with no prior nursing experience, must have a minimum of one-year nursing experience before attending an AOC producing course. Officers, who have prior nursing experience, must have at least six months Army Nursing experience before attending a course. Officers must have at least one year remaining on active duty at the completion of a course. The courses available for attendance through the Generic Course Guarantee program are Critical Care, Psychiatric-Mental Health,

OB-GYN, and OR Nursing Course. Officers, who desire to attend the Emergency Nursing course (M5) or Community Health Nursing course, must decline their Generic Course Guarantee.

AOC/ASI Producing Courses

Critical Care Course and Emergency Nursing Course Manager: LTC Hough at houghc@hoffman.army.mil
Perioperative Nursing Course Manager: LTC Newman at newmanj@hoffman.army.mil.
Community Health, Psychiatric-Mental Health, and OB-GYN Nursing Course Manager: LTC Ross at rossa@hoffman.army.mil

Please note FY02 AOC/ASI Course dates:

AOC/ASI COURSE	LOCATION	REPORT DATE	START DATE	END DATE	APPLY BY
Critical Care Nursing	BAMC	26 AUG 01	27 AUG 01	21 DEC 01	SEATS STILL AVAILABLE
	BAMC	27 JAN 02	28 JAN 02	17 MAY 02	24 AUG 01
	BAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02
	MAMC	26 AUG 01	27AUG 01	21 DEC 01	SEATS STILL AVAILABLE
	MAMC	27 JAN 02	28 JAN 02	17 MAY 02	24 AUG 01
	MAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02
	WRAMC	26 AUG 01	27 AUG 01	21 DEC 01	SEATS STILL AVAILABLE
	WRAMC	27 JAN 02	28 JAN 02	17 MAY 02	24 AUG 01
	WRAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02
Emergency Nursing	BAMC	26 AUG 01	27 AUG 01	21 DEC 01	~~19 MAR 01~~
	BAMC	27 JAN 02	28 JAN 02	17 MAY 02	24 AUG 01
	BAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02
Psychiatric Nursing	WRAMC	26 AUG 01	27 AUG 01	20 DEC 01	~~25 APR 01~~
	WRAMC	06 JAN 02	07 JAN 02	26 APR 02	06 SEP 01
	WRAMC	19 MAY 02	20 MAY 02	10 SEP 02	19 JAN 02
OB/GYN Nursing	TAMC	26 AUG 01	27 AUG 01	20 DEC 01	~~19 MAR 01~~
	TAMC	24 FEB 02	25 FEB 02	14 JUN 02	24 SEP 01
	TAMC	07 JUL 02	08 JUL 02	29 OCT 02	07 FEB 02
Perioperative Nursing	MAMC	14 OCT 01	15 OCT 01	22 FEB 02	~~04 JUN 01~~
	MAMC	17 MAR 02	18 MAR 02	10 JUL 02	12 OCT 01
	MAMC	28 JUL 02	29 JUL 02	20 NOV 02	15 FEB 02
	WBAMC	15 JUL 01	16 JUL 01	2 NOV 01	19 MAR 01
	WBAMC	25 NOV 01	26 NOV 01	29 MAR 02	25 JUN 01
	WBAMC	21 APR 02	22 APR 02	09 AUG 02	19 NOV 01
	WBAMC	02 SEP 02	03 SEP 02	20 DEC 02	08 APR 02
	BAMC	26 AUG 01	27 AUG 01	20 DEC 01	19 MAR 01
	BAMC	27 JAN 02	28 JAN 02	17 MAY 02	31 AUG 01
	BAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02
PRINCIPLES OF MILITARY PREVENTIVE MEDICINE (COMMUNITY HEALTH NURSING)	AMEDD C&S	17 MAR 02	18 MAR 02	17 MAY 02	16 NOV 01
	AMEDD C&S	8 SEP 02	9 SEP 02	8 NOV 02	8 APRIL 02

******AUG 01 Critical Care Course******

We still have seats available in the August 01 Critical Care course (WRAMC, BAMC and MAMC). There is one seat left in the WRAMC course, 5 seats in the BAMC course and 8 seats in the MAMC course. If you are interested in being considered for attendance in this course, please communicate this through your chain of command. For more information contact LTC Charly Hough at DSN 221-2330 or COMM 703 325 2330.

The Perioperative Nursing Course is held in one of three locations, San Antonio, TX , Tacoma, WA, and El Paso, Texas. William W. Beaumont and El Paso offer many exciting opportunities during the course downtime. Triple A baseball during the spring and summer months with the El Paso Diablos and snow skiing/boarding in Ruidoso, New Mexico during the winter. Albuquerque, Carlsbad Caverns, Kartchner Caverns, Arizona, Hatch, New Mexico (Chile Pepper Festival) and White Sands Monument (boogey boarding on the dunes) are all day trips away. El Paso is known as the Sun City and is a great escape to the High Desert for golfing and horseback riding.

REMINDER: Officers who are applying for specialty courses need to be aware that there are several factors that are closely evaluated when making the course selections. Officer qualifications, MTF needs, fiscal constraints and personal assignment preferences are a few of the important factors that are thoughtfully considered. Officers should be aware that any time they are coming out of a school, (i.e. AOC courses and LTHET) the priority for the follow on assignment is the "utilization tour" while meeting the needs of the MTFs. This is why officers attending AOC producing courses are generally assigned to medical centers or large, busy MEDDACs as their follow on assignment.
Naturally, it is always our goal to match up personal preferences, however, sometimes that is not always possible. Therefore, if you are applying for a course you must be prepared to accept the follow on assignment as a condition of your acceptance to the course. Preference statements are part of the application process, be sure that you state any special considerations that you would like us to be aware of when making your assignment. Once the assignments are made it is very difficult to change them.

66F/66E Assignment Opportunities

Assignment opportunities are available for 66Fs at Ft. Irwin, Ft. Huachuca, Ft. Knox and Ft. Bliss this winter. Follow on assignments are negotiable. There will be a TOE position at the 115th Field Hospital opening in the spring of 2002 for both a 66E and a 66F (a two year opportunity for that TOE experience). For these and other opportunities please inquire to LTC Newman, **newmanj@hoffman.army.mil**.

Assignment Opportunities for 66H Lieutenants

Assignment opportunities GALORE are available for 66H lieutenants with at least 2 years Time on Station (TOS), meet HT/WT/APFT standards, are willing to PCS and have chain of command approval. There are openings for 66H LT's in CONUS MEDCENs and MEDDAC's as well as TOE assignments at FT Bragg and FT Polk. Don't miss out on your opportunity to experience new challenges! First come first served. Please contact LTC Charly Hough, PMO for 66H LT's and new accessions, email **houghc@hoffman.army.mil** if you are interested.

Assignment Opportunities for Captains

Winter 02 assignments are underway. Positions remain open in the following locations: 121st General Hospital in Korea; two 66H 8A positions at Darnall Army Community Hospital at Fort Hood, TX; one 66H at Ft. Wainwright, Alaska; one 66H 8A and one 66H M5 at WOMACK, Ft. Bragg; three 66H and one 66H 8A at the 28th CSH, Ft. Bragg; and numerous positions at William Beaumont Army Medical Center, Ft. Bliss, TX, Dwight David Eisenhower Army Medical Center, Ft. Gordon, GA, Madigan Army Medical Center, Ft. Lewis, WA, Tripler Army Medical Center, Hawaii, and Germany. If you are interested and have at least two years time on station, talk with your chief nurse and email MAJ Greta Krapohl at **krapohlg@hoffman.army.mil**

ROTC/USAREC NOMINATIONS

It is time once again to begin the selection for ROTC nurse counselor positions and positions in USAREC. These are "nominative" assignments and interested officers should notify their chain of command that they are interested in competing for these positions. Selection is made via a "board" process. Eligible officers **MUST** have completed the Officer Advanced Course, be in the grade of captain, exhibit exemplary military appearance and bearing, demonstrate a solid record of performance while meeting Army height, weight and physical fitness standards. If you fit this bill, and will have at a minimum of 2 years time on station beginning April 2002, please contact your chief nurse for a recommendation. Chief nurse recommendations are due to AN Branch by 30 August 2001. Recommendations can be sent via email to your PMO.

Smart Tips from the FRO

By CPT Bob Gahol

We are expending far greater resources than ever before to convey our messages, so we continually seek more efficient ways to use these resources. We are now transitioning to a paperless system. In communicating with officers in the field, we will use electronic media (e.g., e-mail, and websites) as the primary means to transmit information. We ask each AN officer to ensure that their e-mail addresses are in their ORBs, and that mailing addresses and telephone numbers are correct. Please continue to visit our website (www.perscom.army.mil/ophsdan/default.htm), as well as PERSCOM on line (www.perscom.army.mil) to keep abreast of the changes / updates in personnel and assignments management.

RESEARCH UPDATE:
LTC Norma Garrett

"Effects of Ketamine on Postoperative Pain and Natural Killer Cell Activity"

Cancer is the second leading cause of death in the United States, second only to heart disease. An estimated 1 million people will be diagnosed with cancer this year. Among those newly diagnosed with cancers, most will undergo surgical resection of the tumor and many will die from metastatic spread of the disease.

Natural killer cells, immune system cells, are one of the body's first defenses against metastatic spread of cancer. They directly destroy cancer cells that have detached from the primary tumor and have invaded the circulation. Since prior sensitization is not required, natural killer cells can be mobilized quickly to attack cancer cells. They appear to play an important role in immune surveillance against the establishment of cancer tumors and the development of distant metastases.

Surgery is the usual treatment for solid tumor cancers, however surgery suppresses natural killer cell activity thereby increasing the risk of tumor metastasis. One hypothesis explaining surgical suppression of natural killer cells is that untreated or poorly treated pain may play a significant role. In rodent studies, it has been shown that surgery suppresses natural killer cell activity and enhances metastasis. Administering morphine to animals any time during the perioperative period improves natural killer cell function and controls metastasis. Further, providing preemptive analgesia, that is analgesia that is administered before the surgical incision so that severe pain cannot take hold, is more effective than postoperative administration of morphine. Those animals that receive preemptive analgesia have fewer metastases than those that are administered morphine postoperatively only. There have been no studies in humans that show good perioperative pain relief or that preemptive analgesia enhances natural killer cell activity.

Preemptive analgesia has been receiving much attention lately. Several studies suggest that an old drug that had disappeared from popular use may be an effective preemptive analgesic. In the past ketamine, an N-methyl-D-aspartate antagonist, was used for acute perioperative pain but had unacceptable side effects such as hallucinations. Anesthesia providers are beginning to use ketamine in smaller doses to minimize the side effects. Ketamine has not yet been studied extensively as a preemptive analgesic and its effect on natural killer cell activity in humans is unknown.

The William Beaumont Army Medical Center (WBAMC) Phase II students of the US Army Graduate Program in Anesthesia Nursing have chosen to study this phenomenon. As part of a research study funded by the American Association of Nurse Anesthetist, the Phase II graduate students have developed a research project that explores the effects of preemptive analgesia, using small doses of ketamine, on postoperative pain perception and natural killer cell activity. Their hypothesis suggests that small doses of ketamine will provide satisfactory preemptive analgesia without causing unacceptable side effects and be beneficial to natural killer cell activity.

We have selected to ask oral maxillofacial surgical patients to participate in the study because these patients are generally healthy. Subjects are randomly assigned to one of three groups, those who receive (1) saline (placebo), (2) ketamine 40 mg, or (3) ketamine 100 mg before the surgical incision. To test the hypothesis we are using three measurement tools. At discharge from the post anesthesia recovery unit, subjects' immediate postoperative pain scores are rated on a visual analogue scale (0 = no pain; 10 = worst pain). Second, we are measuring the total amount of morphine that subjects require in the first postoperative 24 hours. Finally, natural killer cell activity is measured pre- and postoperatively to determine if the cell's activity has been suppressed. Our hypothesis suggests that those subjects who receive ketamine preemptively will perceive that they have less pain postoperatively, will require less morphine, and will demonstrate less natural killer cell suppression.

To date, we have recruited 21 subjects. All subjects are anesthetized using the same anesthesia protocol to avoid anesthesia influencing the results. The only difference in anesthesia is the administration of ketamine or saline before surgical incision. Subjects range in age from 22-43 (mean = 31, SD = 7). Both men and women have been recruited and surgeries have been limited to 4 major types of oral maxillofacial surgeries. We expect to recruit 90 subjects before we complete the study. It is quite encouraging that of the 22 patients we have asked to be a part of the study, 21 have agreed. We believe that this is an indication of the unselfish character of military medicine beneficiaries.

Findings from the study may be significant to nursing in general, not just anesthesia nursing, for several reasons. First, millions of people undergo surgery each year and any intervention shown to be effective in reducing a risk such as tumor metastasis may impact a very large number of people. The costs of cancer metastasis are enormous, not only in terms of human lives, but in diverting dollars from other uses to health care. Second, findings of this research have the potential to empower health care providers by providing a physiological foundation upon which to advocate for effective postoperative pain management and upon which to base postoperative pain management strategies for optimizing surgical outcomes.

Poorly managed perioperative pain control can lead to a cascade of negative patient outcomes including increased length of stay in hospital, patient dissatisfaction, and delay in resuming activities of daily living . More importantly, it can lead to immune suppression and tumor metastasis. Therefore, perioperative pain management is important in all individuals and may be critical for survival in individuals undergoing surgery for resection of malignant tumors. For further

information regarding this study contact LTC Norma Garrett, Anesthesia Nursing Section, WBAMC, El Paso, TX.
Members of the research team: LTC Norma Garrett, Dr Bruce Veit, CPT Allyn Nock, CPT John Stas, CPT Jimmie Johnson, and 1LT (P) Michael Bentley

DIRECTOR, HEALTH PROMOTION & WELLNESS
LTC(P) Gemryl Samuels

Greetings from The United States Army Center for Health Promotion and Preventive Medicine (USACHPPM)! Many officers, when offered an assignment at USACHPPM, often ask where or what is the USACHPPM? In case you are asking the same question, let me clarify.

The USACHPPM Headquarters located at the Edgewood area of Aberdeen Proving Ground, Maryland traces its roots back to the U.S. Army Environmental Hygiene Agency. In 1994, the agency was redesignated as USACHPPPM with a mission to provide world-wide technical support for implementing preventive medicine, public health, and promotion/wellness services into all aspects of America's Army. The USACHPPM has a key role in transitioning the Army's medicine health care delivery system from an episodic inpatient infrastructure to a proactive, health-focused system capable of preventing diseases and injuries and facilitating readiness by reducing disease threats.
The Directorate of Health Promotion and Wellness (DHPW) is one of seven mission directorates whose staff is involved in the medical support to the military managed care system. Professional disciplines represented in this directorate include community health nurses, nurse practitioner, dietitian, dentist, social worker, psychologist, physical therapist, health educators, chaplain and other administrative support staff. Our highest priority is to protect and preserve the health of the war fighter and to enhance military readiness.

The DHPW projects and services include Pregnancy/Postpartum Physical Training Certification Program; Prevention of Unintended Pregnancy/Paternity; Self-care; Hooah-4-Health; Suicide Prevention; Put More Bite Into Health Promotion; Worksite Wellness Program; Tobacco Cessation; STD Prevention; Health Promotion Prevention Initiatives; Population Health; The "5 A Day" for Better Health Campaign; Performance Power….The Nutrition Connection (PPNC) and the Cooper Institute for Aerobics Research Health Promotion Director's Certification Course.

In future articles I will share with you specific information on each of these projects. Feel free to visit the USACHPPM website at chppm-www.apgea.army/mil and the DHPW site at DHPW@apg.amedd.army.mil.

I consider it an honor and a privilege beyond belief to be of service in this position and I look forward to answering your future questions. I am on Outlook email and may also be reached at DSN 584-2303 or (800) 222-9698 extension 2303.

U.S. ARMY GRADUATE PROGRAM IN ANESTHESIA NURSING
COL Robert C. Dahlander AN, Program Director

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) recently granted the U.S. Army Graduate Program in Anesthesia Nursing continued accreditation for ten years! This significant accomplishment reflects the faculty commitment to excellence, the entire faculty's consistent hard work, and the Army's strong organizational support.

> …the COA would like you to know that very few programs are not required to submit progress reports following an accreditation review and even fewer programs have achieved the maximum accreditation of ten years. Therefore, the members of the COA are particularly happy to offer their congratulations to everyone at the program who has demonstrated their commitment to meeting the requirements for continued accreditation.[1]

The accreditation on-site review culminated more than two years' preparation to demonstrate the Program's on-going compliance with all accreditation standards. The Program had one area of partial compliance to accreditation standards: The Program failed to assure that students enrolled had obtained certain clinical prerequisites, specifically those in Section c. of Criterion A16:

> . . . a program is required to . . . Enroll only students who have at least 1 year of experience as a registered professional nurse during which they have had an opportunity to: a. Develop as independent decision makers. b. Demonstrate psychomotor skills. c. Display the ability to interpret and use advanced monitoring techniques, based on knowledge of physiological and pharmacological principles.[2]

Graduate education in anesthesia nursing builds on competencies in critical care nursing in the same way a midwifery program builds on experience in maternal-child nursing. The advanced practice role of the nurse anesthetist requires all the skills, knowledge, and judgment of an intensive care nurse and more. Most anesthesia graduate programs require intensive care nursing experience as a prerequisite for admission. Intensive care nurses who pursue graduate education in anesthesia aren't leaving critical care – they practice critical care nursing in anesthetizing locations all over the hospital and on the battlefield.

In response to our accreditation finding, the Program and the Army Nurse Corps has reemphasized clinical prerequisites for anesthesia program applicants. The support of chief nurses has been instrumental in moving the Army anesthesia program into complete compliance with the accreditation standard for clinical prerequisites.

The best-qualified applicant will have solid skills in critical care nursing, preferably through work experience in an intensive care unit. However, fewer Army hospitals have

intensive care units. Therefore, highly qualified applicants selected for anesthesia education without intensive care experience will be managed on a case-by-case basis to assure they have an opportunity to gain key critical care competencies on which anesthesia education builds.

Nurses interested in anesthesia nursing should seek opportunities to gain critical care skills and experience. Key critical care competencies required for successful anesthesia practice include: electrocardiograph monitoring; bedside dynamic dysrhythmia recognition; hemodynamic monitoring; and arterial blood gas interpretation. A copy of the pre-enrollment competency checklist can be obtained from your nursing/hospital educator.

Thank you to all who whose vision, hard work, attention to detail, and support helped the Army program earn a ten-year accreditation.

[1]Letter from Council on Accreditation of Anesthesia Educational Programs, 12 June 2001.

[2]Standards For Accreditation of Nurse Anesthesia Educational Programs, Council On Accreditation Of Nurse Anesthesia Educational Programs.

NURSING INFORMATICS CONSULTANT

LTC(P) Anthony M. Ettipio
Total AMEDD Systems Management Directorate

Informatics Specialty Skills Inventory – we need you to tell us what your education, experience & skills are at this point in time!

One unique dimension of Nursing Informatics is that it addresses and supports the needs of every nursing specialty. Although we do effect a large and positive impact for our clinical leaders, their staff and our senior executives – both on a daily operational basis, and as well for the long-term (via the introduction and implementation of new generation information systems) . . . we have been, and will continue to be, a very low density specialty. Only a few authorized positions exist, and those only at the discretion of our Commanders, Deputy Commanders for Nursing and Chief Nurses. However, counting only authorized or full time positions does not tell the entire story of who is really doing what and where. Many of you in our MTFs are performing in informatics roles as an additional duty, and contribute in very substantial ways to the total healthcare and administrative operational environment. More to follow about this reality in a moment.

The Scope of Practice for Nursing Informatics spans both clinical and non-clinical practice, yet at its core - and in the final analysis - it must always be patient-centered. The present state of technology can still be "clunky" to use for our fast-moving clinical and administrative environments - but a few years out we should begin to see some wonderful improvements - currently being planned and budgeted for. Our Informatics Standards of Practice include the actions of assessment, diagnosis, identification of outcomes, planning, implementation and evaluation - common to all of us - yet the environments and systems we all work with and contribute to can be very different indeed. Our IM/IT "info structures" can be highly variegated. As a result, our experiences and skill sets (especially for mid-career officers who are growing their informatics professional standing via additional duty contributions to the AMEDD mission) can be, unsurprisingly, greatly differentiated - yet much unknown to myself, and as well to LTC Haga-Hogston, PERSCOM's Assistant Chief, AN Branch and Personnel Management Officer responsible for assigning informatics trained and experienced officers.

In order to bring into better focus all the activities, experiences and accumulated skills that exist among our AN officers that are out there working part-time or even full time in the informatics arena, it would be most helpful for us to receive an e-mail outlining your education, professional experiences and accomplishments in the informatics specialty area. Be specific and include at a minimum: dates, MTF, projects and lessons learned. LTC Haga-Hogston can then be even better able to meet the various and special needs of our senior AN leadership. I will also be better able to support each and every one of you calling or corresponding with me - as your consultant - if I know something about your background. Please consider doing this as soon as possible so we can be positioned to serve you in the best possible ways. Look forward to hearing from you all!

LTC Sherie Haga-Hogston hagas@hoffman.army.mil
LTC(P) Anthony Ettipio Anthony.Ettipio@amedd.army.mil

Health Systems Functional Proponency Course (HSFPC)

The HSFPC was initiated by the Army Surgeon General and is a centrally funded, numbered AMEDDC&S Course that is applicable for key AMEDD Functional Proponent Representatives in roles that define the needs and specific requirements of our AMEDD-relevant IM systems. Within the Military Health System (MHS), any of our staff officers who are regularly interfacing with the acquisition community and their IM/IT program staff – providing systematic input to, and representing specific aspects of the AMEDD's business model - should take the opportunity to apply for this course. Nursing personnel who routinely participate in fora that help to define local and/or AMEDD-wide data sets, dictionaries, taxonomies, functionality or performance criteria for future IM systems - that relate to our corporate clinical, administrative, training and research mission - can be considered for acceptance to this program. The distance-learning phase begins in Oct '01 and registration can be accomplished on-line. The URL link below will take you to the HSFPC home page with a link to their course brochure, and an accompanying statement of intent from Lieutenant General Peake.

http://139.161.100.45/imit/fp/index.html

PEDIATRIC NURSING CONSULTANT
LTC Arlene Simmons

The care of the pediatric family member is an important AMEDD mission. Pediatric patients are cared for in all MTFs and represent a substantial portion of patients seen during humanitarian missions and deployments. The Pediatric Nursing Care Short Course provides an opportunity for nurses with limited pediatric nursing experience to gain new skills and knowledge in the care of this special patient population. Three course iterations are planned for this fall. Dates and locations of upcoming courses are listed below. The WRAMC course has been expanded to three weeks to allow for more time in clinical settings. The courses offered at BAMC and MAMC are one week long. Contact your Hospital Education Division if you are interested in attending the course.

WRAMC	10 October-2 November
MAMC	3-9 November
BAMC	14-19 October

The pediatric novice can also find a wide variety of helpful pediatric resources on the Internet and World Wide Web. PedInfo (www.pedinfo.com) is a great starting point for exploring the many pediatric resources on the web. The American Academy of Pediatrics web site (www.aap.org) is an excellent source for a wide range of pediatric topics. Donna Wong, a leader in the field of pediatric nursing, has created Wong on Web (www.harcourt.com/mosby/wong) a web site specifically focused on pediatric nursing issues.

Please contact me at arlene.simmons@amedd.army.mil if you have questions or need assistance with pediatric nursing issues.

OB/GYN CONSULTANT
LTC Ramona Fiorey

If you want to do a good deed every day, click on The Breast Cancer Internet site. This site is sponsored by corporations which receive advertising on the site in return for providing free mammograms to underprivileged women without health insurance. The more "hits" the site gets, the more free mammograms can be provided. The site even has a free email reminder service that periodically sends a reminder to visit the site. Recently the site has had difficulty getting enough "hits" to meet the goal of providing at least one free mammogram a day. The website is http://www.thebreastcancersite.com.

The AWHONN Armed Services district now has a webpage. Although still in development, the page identifies district officers and also has the criteria and nomination applications for AWHONN Armed Forces District Officer of the Year Awards. The website is http://www.awhonn.af.org.

All of our Army facilities use identification bands for infants and their parents as part of infant security programs, but we are not always as vigilant as we should be in periodically checking to ensure that infant and parent bands match. Here is a scenario that illustrates the importance of checking the ID bands: A Caucasian father was holding an African American newborn in a nursery area. There was an illegible adult ID band and an infant ID band taped to the side of the infant's bassinet. These did not match. The infant's other band was lying in the bassinet. This would definitely be one of those things you would not want a JCAHO surveyor to discover on a walk through your unit. Infant and adult ID bands should be routinely verified during each infant assessment and there should be documentation of the verification. Incorporation of ID band verification with assessment and documenting it on the infant assessment form will help staff be more consistent, heighten awareness for infant security, and help ensure integrity of the infant security system.

Here are some products that you may be interested in for improving patient and staff education:

The Breastfeeding CD-ROM is produced by Graphic Education (www.graphiced.com), which produces nursing/medical related interactive CD programs. The cost is $255 for a two-mile site license, which permits multi-user access, or $64 for a limited access. The program can be used in a variety of ways. There is an interactive component for basic breastfeeding education that can be used by medical personnel and lay persons. Medical personnel can take a competency examination after completing the program and earn 3.5 continuing education units. The program also contains a resource library, 34 questions and answers for the most common concerns for breastfeeding mothers, and a mother's handbook with diagrams, techniques, and situations common for the breastfeeding mother. The program can be loaded onto a site education webpage for use by medical/nursing staff as well as families in a service area. MAMC is currently using this program to replace the biannual eight-hour breastfeeding classes required for staff. Staff members can complete the program during orientation or when they have time during duty hours. For additional information on the CD-ROM, contact Ms. Lisa Jones, Lactation Consultant at MAMC.

Breastfeeding Triage Tool. This publication is intended for use as a reference book for clinics or departments who answer telephone questions from breastfeeding mothers. It is small enough to find information quickly and answers are short and to-the-point. It is available from the Seattle King County Department of Public Health, Health Educational Materials Sales, 400 Yesler Way, Third Floor, Seattle, WA 98104. A single copy is $10. (Two to 10 copies are $8 each; more than 10 are $6 each). They may be paid for by money order or check, but not credit cards.

Handbook of Obstetric Anesthesia: This is an excellent reference book for Labor and Delivery Units. Written in outline format, the book includes preoperative assessment, intraoperative management, and post delivery anesthesia management. The book is published by Lippincott Williams & Wilkins and costs $39.95.

Telephone Triage for the Obstetric Patient: A Nursing Guide: This publication is designed in a tabbed notebook format with topics listed alphabetically. For each topic there are brief sections that cover symptoms, evaluation, management (emergent, urgent, non-urgent), and recommendations for responding to the patient. It is very user friendly. Facility OB/GYN medical and nursing supervisors should review and approve this book before it is used to triage obstetric patients. The book is published by W.B. Saunders Company and costs $34.95.

A webpage is being developed that will make results of the OB/GYN Nurse Consultant Survey available within the next few months. To ensure that the information received is current and responses were listed correctly, OB/GYN supervisors in facilities that responded to the survey are being emailed their responses. I request that changes be made as quickly as possible and emailed back to Leasa.Wahlgren@haw.tamc.amedd.army.mil. Facilities that did not receive a survey can receive the survey by emailing Mrs. Wahlgren.

I will be in transition from mid August until mid September. If you have a consultant question that must be addressed during that time, LTC Mittelstaedt at MAMC will respond or contact me.

INFECTION CONTROL CONSULTANT

Jane Pool, RN, MS, CIC

"The First 100 Days"

I have compiled an easy to read list of "Who's Who and Where They Are" for the Army Infection Control staff. Staff are identified by both Army Regional Command and TriService Regions. The list provides DSN phone numbers and everyone is on Outlook. The posting of pending and past JCAHO dates assists us with communicating success and stress to one another. Certifications and degrees make it easier to identify subject matter experts and experience levels to facilitate mentoring relationships. Maintaining a current, accurate database of ICPs will be a challenge – so I am encouraging each facility to provide notification of staff changes when they occur. For the future, the Army Infection Control Web site (still in utero) will be the home for staff information and will make locating one another much easier. The Army Infection Control Focus Group Meeting was held during the APIC 28th Annual Educational Conference and International Meeting in Seattle Washington in June. The meeting was an excellent opportunity for many of us to meet for the first time and to initiate discussion of our common issues, challenges, and plans for future collaboration. The meeting was well attended and LTC Frida Atwood holds the distinction for the longest distance traveled (Heidelberg, Germany). Ruth Callaghan, Occupational Health nurse at WRAMC, attended and provided the Occupational Health perspective to our discussion. Needlestick prevention is high on the list for everyone.

Whaaaat's UPPPP!??!!

The Infection Prevention Council has been formed and our quarterly regional VTCs are scheduled tentatively for 12 September and 12 December. This unique group will serve as the voice for 100% of the Army ICPs. Each type of Army facility will be represented – Army medical centers, community hospitals and ambulatory health clinics. Representatives from each region will provide input from the other facilities and share the issues discussed at the meeting with others in their area. We hope to enhance communication and increase collaboration by this meeting methodology.

Last week I was invited to speak to the Regional Chief Nurses during their quarterly VTC. I presented an administrative overview of some of the concerns many of us are dealing with today in the field of Infection Prevention. Topics included: Artificial Nails, Hand Hygiene, the MEDCOM Patient Safety Policy, compliance with the Needlestick Prevention and Safety Act, and those germy computer keyboards. (Be sure to read *"Computer keyboards and faucet handles as reservoirs of nosocomial pathogens in the intensive care unit"* published in the American Journal of Infection Control, Dec 2000,Vol 28, No. 6, detailing the study conducted at Tripler).

Kudos

Congratulations to Bernice (aka Bernie) Friedman, MA, RN, CIC, who was selected as Chief, Infection Control Service at Walter Reed Army Medical Center. Her background includes 8 years in Preventive Medicine Service at WRAMC and in AIDS Epidemiology Administration for the State of Maryland. Bernie has been working in the WRAMC Infection Control Service since February 1999.

ICPs Are Gettin' Around…

Kim Matthews, Infection Control Officer at Blanchfield Army Community Hospital, Fort Campbell, Kentucky, traveled to Japan earlier this year and performed her two-week annual training at the Naval Reserve at Yokosuka Naval Hospital. She shared her experiences and photos in a slide presentation to the APIC attendees.

CPT Sandra Martin and her NCOIC, SGT Ruben Salinas are traveling from Wuerzburg, Germany to Leesburg, Virginia next week to attend the APIC Basic Infection Control Course. This intense week is a very comprehensive course that includes everything you ever wanted to know about Infection Control. The course is being held at the Xerox Document University and that location contains everything the student will require for the week – overnight accommodations, a full service dining facility for all your meals, a swimming pool and common areas that invite networking. I will be visiting the facility and spending some time with CPT Martin and SGT Salinas as well as getting a refresher on the course content.

I traveled to MEDCOM in San Antonio Texas during the first week of July. It was great to spend some time on the campus and talk with many of the staff who have been assisting me with the consultant role. I enjoyed meeting with COL Reineck and COL Janet Harris and touring the AMEDD C &S. I met with Ann Potter (she is a wealth of Internet and library resources!) and the Quality Management team. I also met with COL Huff and received excellent direction for completion of the Infection Control ACTEDS – thanks to Lynn McNichols for the first draft.

Desert Sojourn

I conducted a site assistance visit to Weed Army Community Hospital (WACH), Fort Irwin, California during the last week of May to provide assistance to MAJ Denise Adams prior to their looming JCAHO inspection. The place was bustling with anticipation of the big day and I had the opportunity to accompany Hospital Commander COL Lark Ford, MAJ Adams and other staff personnel on the Commander's Building Tour to evaluate Infection Control and Environment of Care (EC) issues. I was so impressed with the nursing staff – I tired to catch them with some trick questions, but could not stump them! Apparently, neither could the Joint Commission surveyors as they scored a 98 three days later.

COL Margarita Aponte, Deputy Commander for Nursing and Jane Pool, Infection Control Consultant Weed Army Community Hospital, Fort Irwin, California

Other activities during my visit included: role playing with MAJ Adams to help her prepare for the "tone" of the Infection Control interview with the surveyor, utilizing likely questions that would be posed. I critiqued her binder prepared for the document review; created a graphic data analysis using PowerPoint slides and graphs to optimize her Infection Control surveillance data presentation; conducted a comprehensive review of the IC program and attended an out briefing with COL Ford, Commander and COL Aponte, Deputy Commander for Nursing. I had the opportunity to inspect the Mary Walker Clinic early in the morning just before the desert journey (120 miles) to the airport. The clinic was beautiful – and the staff, led by SFC Angela White, were efficient, friendly and helpful.

I also had the opportunity to meet with Occupational Health team members. This meeting reaffirmed what I hear quite frequently - concern with ensuring contract staff are receiving the same immunizations and training as the GS and active duty staff - truly a system-wide concern. The N-95 (TB) Mask Fit testing program was managed very well at WACH and all staff were current. At DeWitt, we provide a laminated fit test card worn on the staff's ID badges. A different color each year identifies current status and verifies compliance at a glance.

Since the addition of the new EC standards for waterborne organisms, I recommended collaborating with other areas to include Facilities, Industrial Hygiene and Occupational Health to develop a plan to address these standards. A timeline for meetings and process implementation demonstrates that you have a work in progress for Legionella risk evaluation and prevention.

One quickie to watch out for – and I see this at EVERY facility – staff have a tendency to place exam gloves on top of sharps containers. This was previously cited as a Type One finding at a hospital in Baltimore. I also recommended providing Nutritional Care staff with *vinyl* gloves and *synthetic non-latex* gloves for healthcare staff with documented latex allergy. Vinyl gloves should not be worn for providing patient care.

MAJ Adams is doing a great job for the brief time she has graced the field of Infection Control and I will continue to provide support and serve as a mentor to her. Future site assistance visits include Fort Wainwright, Alaska this fall.

Stay tuned for more Infection Prevention Action next time!

121ST GENERAL HOSPITAL DONS THE BLACK BERET

CPT Tara L. Gifford

It was a misty morning in the "Land of the Morning Calm" as we gathered together on the parade field. We all came here with one purpose in mind, commemoration of the 226th birthday of the United States Army. As the flag swayed in the breeze, I swelled with pride. Seeing the United States flag standing tall and proud always does that to me. As my fellow soldiers stood around me anticipating this historic event, I reflected on all the reasons why I joined the Army and put on BDUs and combat boots every day. Now, along with the BDUs and combat boots, I will don a black beret. The new black beret signifies the Army's transition into a new era. The beret shows every soldier's commitment to strive for excellence and high standards.

1st row (left to right): SGM Benavides, LTC Phyall, MAJ Roehl (kneeling), MAJ King, MAJ Reeves, CPT Gifford, CPT Park, MAJ Patterson, CPT Ballister, 1LT Torosian, 1LT Olsen, CPT Rainey, and 2LT Vaiau. 2nd row (left to right): CPT Nelson-Chung, CPT Stribley, MAJ Shier, CPT Talbot, MAJ Stinson, CPT Hayden, 1LT Woodall, 1LT Saunders, CPT Petrukitas, and LTC Denio.

The 18th Medical Command became the first Medical Command in the Army to don the beret. According to COL Wesley, Deputy Chief of Clinical Services, "We took a lot of pride in being the first unit to don the beret and we all looked sharp wearing the berets. It is a new beginning for the Army and helped us identify with the concept of a new Army."

COL Wesley is not the only soldier excited about the new berets. The berets and what they signify motivated 1LT Wendy Woodall, staff nurse and member of the 135th FST. "We are uniting as one team. I'm proud to be one of the first nurses in the Army to wear the beret. I'm also proud to serve in the most forward deployed hospital in the United States Army." The beret ceremony went off without a hitch and we all walked off the parade field looking and feeling like new soldiers. "The new Army motto is 'An Army of One' and the motto of the 121st General Hospital is 'One Team', which brings us online with the new Army thinking. This motivates us to become a single combat committed unit," said MSG Johnson, Senior Clinical NCO. The hope is that every soldier will strive to meet the responsibility that comes with wearing the beret and show his or her commitment to duty and country. The 18th Medical Command/121st General Hospital is remembered as the site of a lot of significant events. Now, we can add that Nurse Corps officers at 18th Medical Command/121st General Hospital were the first medical personnel in the Army to don the black beret.

WHITE HOUSE FELLOW UPDATE: *CPT TIMOTHY HUDSON*

"Front Burner"

"The leader who chooses to ignore the soldier's search for individual growth may reap a bitter fruit of disillusionment, discontent and listlessness. If we, instead, reach out to touch each soldier—to meet needs and assist in working toward the goal of becoming a 'whole person'—we will have bridged the essential needs of the individual to find not only the means of coming together in to an effective unit, but the means of holding together."

--General Edward C. Meyer,
former Chief of Staff United States Army

Can it get any busier? How much more can we do with less? There just does not seem to be enough hours in the day to get things done. So many middle and executive nursing managers are feeling the pressure. Five liters cannot fit into a four liter bag. Something has to be left out, but what? We have so much to do, where do we come up short? What areas do not get quite the attention they should? Unfortunately, since there is so much to accomplish here and now, tomorrow, especially years down the road, may have less importance. One area that may fall victim is developing our junior officers professionally and in their leadership qualities. The results are not immediately measured. The benefits may not be reaped "on our watch". Professional and leadership development seems to have little influence on getting the shift covered, administering medications safely, improving patient documentation, providing competent nursing care, or keeping our unit's spending within budget.

The importance of investing time and energy in our junior officers' professional development cannot be under estimated. General (ret) Reimer, former Army Chief of Staff said:

> "Identifying and developing the future leaders. . . are [commanders'] most important functions… They will be faced with a constant tug-of-war between near-term readiness and leader development…Faced with this tension, they must err on the side of leader development and carve out the time to talk with young leaders… The greatest legacy we have is how well we've trained our subordinates. How well [we] have done can really be measured by the next generation of leaders and the performance of their soldiers."

Nursing leaders should take the initiative to purposefully plan and execute junior officer professional development programs no different than they plan and execute clinical skills and medical equipment training. In the same understanding as with pedagogy learning principles, sometimes the learning motivation cannot be left up to the learner. Many do not know what they do not know!

In 1997, the Army implemented a new development tool to assist the leader in developing the junior officer, specifically at the most impressionable time in their career, while they are first and second lieutenants. The Junior Officer Professional Development (JOPD) support form (DA 67-9-1a) was aimed at giving leaders a template to assist in the professional development programs that should have already been in place. It centers on face-to-face communication between the rater and rated officer. Plans are devised to tackle goals in communication, decision-making, motivation, planning, executing, assessing, developing, building, and learning. This structure, although well needed, may not have been adopted in the nurse corps as vigorously as hoped.

On two separate studies on the utilization of the JOPD-SF in two different medical centers (1999, 2001) the adherence was dismal. Some junior officers had not seen the form since OBC. There were some that had seen it, but it had not been consistently used or used incorrectly. Incorrect uses included the form being given to them at the end of their rating period and "told to fill it out" or given a pre-printed form that was the same for all junior officers in the same work area. In a few extreme cases, nurse managers told their junior officers that either the JOPD-SF was a "waste of time" or "we don't do that here". Our junior officers are very astute and they interpret the situation, as their immediate leaders are more interested in the bottom line of daily unit workings and not interested in them as individuals or professionals.

The civilian nursing shortage is dire. The Army Nurse Corps has to offer something special, something different. The professional growth of our junior nurses is extremely important and should be of the highest priority. A junior officer's perception of the command climate, especially down at the unit level, has great consequences on our ability to succeed in the nurse corps. Much of their perception is regulated by how much effort their leaders place in the professional development of junior officers. Climate is

nothing more than the way the nurse feels about their unit. They are shared perceptions and attitudes, from what they believe about the daily workings of their ward, clinic or unit. Nurse managers create climate, positive or negative. Nursing leaders should understand that without a positive command climate, it is impossible to build a tight, cohesive unit that can withstand and sustain the hardships of doing more with less, higher expectations, and increased operational tempo.

The first challenge is to become very familiar with DA 67-9-1a, the JOPD-SF, with an open mind. Second, re-read FM 22-100 Army Leadership and FM 22-101 Leadership Counseling in a different light. Although many almost have these two FMs memorized, this time apply all the information as you read to your junior officers. Last, become very familiar with the regulation (AR 623-105, Officer Evaluation Reporting System) pertaining to the JOPD-SF and how to best use it. Here are some little known facts regarding the JOPD-SF:

(1) Rater should provide LT with rater and senior rater support form and a blank copy of the JOPD-SF

(2) Rater should conduct an initial face-to-face discussion with LT no later than 30 days after beginning of the rating period.

(3) The LT and rater should fill out JOPD-SF together. JOPD-SF should be forwarded to senior rater for approval and initials.

(4) JOPD-SF is a working document to be adjusted/updated at least at their quarterly counseling. JOPD-SF should be forwarded to senior rater after each quarterly counseling session to reapprove and initial.

Changing habits takes great energy. Placing a greater emphasis on junior officer development will cost in the short term. The hospital must continue to run, the patient cared for, and the training ongoing. It takes great leadership and management skill to reconcile competing demands and allocate, sometimes scarce, resources such as time. It is a great challenge for leaders at all levels of the organization to accomplish the mission while never losing touch with the soldiers that make it happen. It may be difficult, but we all personally know of leadership in our own careers that have "made it happen". Former Chief of Staff of the Army General (ret) Abrams stated, "The Army is not made of people, the Army is people…they are the heart of our preparedness… and this preparedness, as a nation and as an Army, depends upon the spirit of our soldiers. It is the spirit that gives the Army…life. Without it we cannot succeed."

"We are what we repeatedly do; therefore excellence is not an act, but a habit."

- Aristotle

DESTINATION- A FORWARD SURGICAL TEAM

CPT(P) Yvette Gambrel Head Nurse 127th FST
CPT Sharlene Larson OIC/OR 135th FST

Anyonghaseyo! Hello from the land of the morning calm. As we wind down our tour here in Korea, we would like to take a moment to reflect on our experiences as operating room nurses assigned to the 127th Forward Surgical Team (FST) and 135th FST. The mission of the FST is to provide a rapidly deployable immediate surgery capability that will enable patients to withstand further evacuation. We provide surgical support forward in division, separate brigade, and Armored Calvary Regiment operational areas. The FST is designed to complement and augment emergency treatment capabilities for the brigade-sized task force. Always keeping the mission in mind, we have planned, coordinated and trained on every piece of equipment that is in our Medical Equipment Sets (MES) and cross-trained into the other areas, i.e., recovery, emergency medical treatment and triage. As a twenty-member team, cross training is vitally important. If one of the members is having a problem and needs help, each of us needs to know how to respond. If something goes wrong with one of our vehicles we must all know how to fix it. Packing the warehouse with equipment and supplies is a task that each of us needs to know as well. The point here is that we aren't just members of the team that go out once everything is set-up, we are truly part of a team, from pre-set-up to recovery. We have conducted training in all types of weather under all types of conditions. The NCO's and junior enlisted on our teams are the best at what they do. Nothing stops us from completing our mission.

We feel that we have the best jobs in the U.S. Army. We have gained many experiences during our tour and have participated in a number of quarterly exercises that have taken place throughout the peninsula. Some of the exercises involved real patients, however most were just patient play or training for rapid deployment and set-up. We normally conducted our exercises separately, however in September 2000 we conducted a live surgical exercise together with both FSTs.

From left to right: SGT Keller, CPT Larson, SPC Hickey, CPT Gambrel, SGT Smith and SGT Idelberg

The equipment and supplies from the 135th FST were used for this 4-day exercise. Each FST conducted separate training, however on the surgical day both FST's came together and operated as one team. Because there were more than the normal twenty people we had to coordinate activities in order for everyone to participate on the day of surgery. We performed eight surgical procedures successfully. At the end of the surgical day the patients were taken back to 121st General Hospital via ground ambulance. This exercise was the first time that the FST's had conducted a joint exercise. As perioperative nurses we are attached to the 121st General Hospital. When we aren't with our units we function as staff nurses in the operating room at the 121st. This allows us to maintain our clinical skills. Each day has been a rewarding challenge. We feel confident that the FST is always capable and ready. We look at going to the field as an enjoyable experience, rather than an extra duty. Life on a Forward Surgical Team is exciting and challenging. We challenge you to make your destination A Forward Surgical Team!

OPERATION FOCUS RELIEF
160 FST (-) BUNDASE, GHANA

CPT David Cassella, Chief Nurse
CPT Lilian Cardona, Head Nurse OR
MAJ Paul Barras, Nurse Anesthetist

Operation Focus Relief II is a U.S. State Department initiative designed to conduct training with the 1st Senegalese Battalion and the 64th Ghanaian Battalion in support USG efforts to train forces to conduct peace enforcement operations in Sierra Leone. Training focuses on new equipment, employment and integration of new equipment, as well as small unit tactics.

The 160th FST (-) is located in Bundase, Ghana approximately 25 miles south west of the capital city of Accra. Located within the Ghanaian's pre-existing military training center, Special Forces and PAE contractors established a base camp and tent city that will eventually be turned over to the Ghanaian Army after OFR II is completed.

The 160th is a 13-person package augmented with 212th MASH personnel (a family practice doctor, a 91C, alab technician, and an x-ray tech as well as a medical maintenance technician from the 226th Med Log Battalion, both from Meisau, Germany. These personnel augmented permanent party FST staff consisting of two 91Cs, one 91D, XO, General Surgeon/Commander as well as the PROFIS staff. As for ANC officers, MAJ Paul Barras is the Head Nurse Anesthesia Section, CPT Lillian Cardona is the Head Nurse Operating Room and CPT David Cassella the Chief Nurse, are all from Heidelberg MEDDAC in Germany.

Our mission was to provide Level III surgical capabilities as well as primary care support to the Special Forces Group while they conduct training. Once on the ground in Ghana, coordination was set in place for Ground and Air Evacuation routes as well as coordination with the local Ghanaian Military Hospital. The largest threat to the Special Forces personnel comes during the training with the use of grenades, light anti-tank weapons, demolition materials and ultimately live fire exercises.

From left to right: CPT Cassella, CPT Cardona, and MAJ Barras

This mission allowed for implementation of relatively new doctrine. An FST is not designed for a primary care mission but this mission called for the incorporation of laboratory, x-ray and a family practice provider into the heart of our operations. This primary care piece required extensive coordination to ensure that the assets required for primary care were included in pre-deployment preparation. The FST carried medications and treatment supplies that are traditionally used by a FP doctor as well as items required for tropical/third world countries, such as snakebite kits and malaria testing kits. We deployed with 10 units of PRBC with an alternate plan for re-supply using our "in house" soldiers.

The FST is located in the center of camp in a hardened building divided with a swinging door in the center. Two fully operational ATLS beds were set up at the entrance of the FST, which also doubled as our sick call area. On the other side, PAD, medical maintenance and laboratory sections were established. Through the double doors, OR/CMS and on the other side, a four-bed recovery room was established. Between the OR and recovery we have the portable x-ray machine set up with its processor and light box.

Our only difficulty upon arrival was power, having the right currents, amps and outlets to power our equipment, which took nearly a week into this mission to resolve. The base camp provides 220v/50h while we use our own 5k generator for back up and x-ray equipment.

OFR II has not been all work. Time is given for PT and a few weekend shopping and site seeing adventures. Base camp operations are extremely effective as well as the privilege on collocating with the Special Forces and having the opportunity to train with them as well. We are provided hot breakfast and dinner, and MRE's for lunch. We live in GP Medium tents approximately 6-7 person to a tent, all having 220 power for fans and other equipment. 30th Medical Brigade and 212th MASH Battalion provided funds for weight lifting equipment and two stationary bikes. The main dirt road leading into camp is approximately four miles long, which has served as our running track. An old soccer field is located just outside base camp, which provides a wide area for soccer, football and other sporting activities.

For the Army nurses assigned to this mission, this has been an enlightening experience as well as one that will hopefully provide ample lessons learned for the every present "next time."

Chief, Army Nurse Corps Award of Excellence Nominations

The nominations from Chief Nurses for the Chief, Army Nurse Corps Award of Excellence for Junior Officers are due 31 AUG 01 to CPT Laura Feider. The LOI and MOI were distributed via email in early July 01. Please email CPT Feider or call (210) 221-6221 if you did not receive the electronic message.

Military Order of the Purple Heart Annual Memorial Service

The Military Order of the Purple Heart, a veteran's organization comprised of recipients of the Purple Heart Medal, will hold its annual Memorial Service honoring wartime nurses at the Nurses Memorial, Arlington Cemetery at 2:00 p.m. on Friday 7 September, 2001.

This annual memorial service gives our National Officers and members of Military Order of the Purple Heart the opportunity to recognize the nurses who are instrumental in caring for wounded service members. All are invited to attend.

The Nurses Memorial, known as "The Spirit of Nursing," is located in Section 21 of Arlington National Cemetery, which is just west of the Amphitheater on Porter Drive. Seating is available. A reception will follow the ceremony. Point of Contact is Mr. Mark Hoppe at (703) 642-5360.

91C (91WM6) Practical Nurse Branch Survey

The 91C (91WM6) Branch needs your assistance. The Practical Nurse Branch is conducting a survey for the purpose of obtaining information regarding the skills/tasks required of the Practical Nurse (91WM6). If you supervise 91Cs, we request your assistance in having your 91Cs complete this survey. We need input from 91Cs of all ranks. We would like input from 91Cs in MTFs, FORSCOM units, and USAR units. The survey can be accessed at the following web site:

http://ke.army.mil/M6/m6survey.htm

This survey is designed to be completed on-line, but can be printed and completed in hard copy as well. When the survey is completed on-line, there is a submit button at the end of the survey. When this button is checked, the results are submitted to a database. The survey provides an area to provide comments. Some individuals have received error messages which may be due to punctuation in the comment sections. If you write any comments please do not use any punctuation (commas, periods, etc). This will avoid a potential error message. If you receive an error message, print the survey, your answers will be captured. You can mail us the information to the address listed below.

Approximately 75% of the individuals that complete this survey should be 91Cs. We need responses from 91Cs of all ranks. If you have 91Cs working in pediatrics or OB/GYN, please ask several individuals to complete the survey, because not all facilities provide those services. I realize that your junior enlisted do not have outlook. Junior enlisted can either use the internet through your library to access the survey or a copy can be printed for them to complete.

Approximately 25% of the individuals that complete the survey should be nurses or physicians who supervise the practical nurse.

SUSPENSE: The WEB site listed above will be open until 20 August.

If someone completes a hard copy of the survey, it can be mailed to

Academy of Health Sciences
ATTN: MCCS-HNP (CPT Wieting)
2250 Stanley Road Suite 214
Fort Sam Houston, TX 78234-6000

*****If you have any questions, please contact COL Harris at DSN 221-8231 or CML (210) 221-8231**

Thank you in advance for your support!

Career Development/Contributions of Army-Baylor University Health Care Administration Alumns Request

The HCA program is approaching 50 years of awarding graduate degrees from Baylor University. The program is making an effort to track the career development of our graduates and acknowledge their significant contributions to federal and civilian healthcare. A web page noting selected alumns has been created.
http://members.nbci.com/mangelsdorff/BC/bcalum.htm

Our graduates have done extremely well; we are very proud of their accomplishments and wish to share this with all alumnus. We ask your assistance in this venture.
If you have personal photos (military and/or current), an updated biographical sketch, and the title of your graduate management research thesis/project, please send (digital scan of photos preferred) or email. We are collecting class rosters (with rank entered), class pictures, individual web page(s), and email addresses as well. If you have time to review the page, let us know if you are aware of other classmates who earned doctorates, advanced to star/flag rank, or made notable contributions, who you might recommend for inclusion. The Baylor network is extensive and many folks have remained in contact with classmates and peers. It is hoped word will spread

and folks will share rosters, photos, and other information. The project is a work in progress.

Contact: Dr. Dave Mangelsdorff , Professor, U.S. Army - Baylor University Graduate Program in Health Care Administration
U.S. Army Medical Department Center & School
(ATTN:MCCS-HRA), Building 2841, room 1413
3151 Scott Road, Fort Sam Houston, TX 78234-6135
email: a.mangelsdorff@amedd.army.mil
(w) 210-221-6756 or 6345
(fax) 210-221-6051 or 8680

Opportunity Knocks for Experienced AMEDD Soldiers

With the transition of 91B to 91W and 91C to 91W M6 comes a unique opportunity for active duty and Reserve Component AMEDD soldiers. When the AMEDD Center and School implements the new 91W course, inputs for the early 2001 91W/M6 (91C) classes are anticipated to be lighter than usual. Class 01, beginning on 4 FEB, will receive students from the initial 91W classes which are smaller pilot training classes. AMEDD enlisted personnel may take advantage of this "one time" training seat availability and apply for training. This is an outstanding opportunity for those holding or having previously held 91B (91WY2) MOS to attend a training course that allows a soldier to take a national exam for licensure as a practical nurse (LPN) upon completion. The course is fifty-two weeks in length with the first six weeks at FT Sam Houston. The classes cover anatomy & physiology, microbiology, nutrition, pharmacology, math and the role of the M6 in the AMEDD. Phase II for class 01-02, 46 weeks, will be conducted at DDEAMC or MAMC. It includes 700 hours of didactic instruction in nursing fundamentals, documentation, pharmacology and an in-depth study of the cardiovascular, respiratory, musculoskeletal, GI/GU and reproductive body systems and associated disease processes. Over 900 hours of training are spent in the clinical arena and include medical-surgical, pediatrics, obstetrics, mental health, ICU and ER rotations. As well, a field-nursing component is included in order to apply the skills to the TOE environment. It is recommended that you contact the 91C Branch NCOIC, DSN 471-8454, to determine at which site you may be assigned before making arrangements to move household goods and/or family.

The role of the M6/LPN is an essential component of military healthcare and also has prominence in the civilian sector. The Practical Nurse Course is an excellent foundation for further study and many graduates have pursued advanced nursing degrees after completing this program. Check with the Hospital Education Department and they will assist in the application process.

Branson Honors the ANC

During the week of November 6-12, Branson, MO, will host its sixty-fifth annual Veterans Homecoming, the largest event in the nation commemorating Veterans Day, with 40,000 veterans, from all eras and all states, coming into Branson. Each year, a special group is "saluted". The Army Nurse Corps has been selected as this year's "honoree". The calendar at www.veteranshomecoming.comshows this year's events in Branson. The POW Network organization is responsible for the "service" at the 5th Annual Military gala & Banquet on 8 November aboard the showboat *Branson Belle*, and this year plans to remember the Army Nurse Corps and those who can't join the group at that night's celebration—from all eras, all branches, all organizations, all losses. For more information, visit the web site above. The POC is COL (Ret) Betty Antilla at (301) 926-6857 or call (417)-337-8387.

"Nursing In Eastern Europe Since the Cold War Conference"

LTC Lois Borsay (POPM/MEDCOM San Antonio) has been invited by Professional Exchanges International to lead a nurses' exchange tour entitled "Nursing In Eastern Europe Since the Cold War." The group will travel from 2-11 November 2001. Participants will meet with nursing counterparts and nursing association leaders in Prague, Warsaw and Budapest and also have an opportunity to visit historical sites. For further information, contact LTC Borsay at LABorsay@hotmail.com

Retraction from JULY ANC Newsletter: LTC Dorothy Anderson, Psychiatric Nurse Consultant is NOT retiring.

MAJ Geralyn Cherry, a staff officer at MEDCOM in the clinical practice guideline section, successfully certified in Nursing Administration by the American Nurses Certification Commission, June 2001.

Kovats, K. (MAJ, AN) Morris, M. (CPT, MS), **Reineck, C. (COL, AN)**, and Finstuen, K. (July-Sept 01). Nursing Readiness: Active Duty vs. Army Reserve, U.S. Army Medical Department Journal, 30-38.